

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 29-JAN-2012		TIME 19:57:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 280	4. BEAT/OCCUR 0531					
MEMBER INVOLVED SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME GAMEZ	7. FIRST NAME ISRAEL	8. STAR NO. 15210	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 505	13. WT. 160				
	14. DATE OF APPT. 25-AUG-2003	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 005 0562E	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 508	27. WT. 180				
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? HANDS/FISTS	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? DR DEJEAN	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA						
	REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		
		OTHER _____		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>	OTHER _____		OTHER _____		
		MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>				
ESCORT HOLDS <input checked="" type="checkbox"/>			OC CHEMICAL WEAPON <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	CANINE <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	OTHER _____					
WRISTLOCK <input checked="" type="checkbox"/>			ARMBAR <input checked="" type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____						
ARMBAR <input checked="" type="checkbox"/>			PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>	OTHER _____							
CONTROL INSTRUMENT <input type="checkbox"/>			OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____							
OTHER _____				OTHER _____									
39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]					40. ADDITIONAL INFORMATION DURING A CUSTODIAL SEARCH SUBJECT BECAME COMBATIVE AND DISOBeyed A/O'S VERBAL DIRECTION, SHOVED A/O'S HANDS AWAY AND CLENCHED HIS FIST TOWARD R/O.								
POSITION [REDACTED]			STAR NO. [REDACTED]		UNIT [REDACTED]	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR			
49. TASER DART ID NO. [REDACTED]			50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]						
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. EVENT NO. [REDACTED]							
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]								
71. R.D. NO. [REDACTED]													
72. CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
SIGNATURES		73. REPORTING MEMBER (Print Name) GAMEZ, ISRAEL 30-JAN-2012 00:46:13		STAR/EMPLOYEE NO. 15210	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) PIERCE, RAYMOND M				STAR NO. 2515	SIGNATURE [REDACTED]	DATE REVIEWED 30-JAN-2012 00:47:21	TIME

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

IN SUMMARY, R/DSS INTERVIEWED SUBJECT WHO STATED THAT HE WAS TASED TWICE FOR LOOKING AT THE OFFICER, HE SAID THE OFFICER WAS TAKING HIS STRINGS OUT. SUBJECT ADMITTED TO BEING UNDER THE INFLUENCE OF DRUGS. SUBJECT SAID THAT THE OFFICER MAY HAVE THOUGHT THAT HE JUMPED TOWARD HIM.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

IN SUMMARY, OFFICER WAS INJURED DURING THE INCIDENT, AND HE WAS IN COMPLIANCE WITH THE RULES AND REGULATION OF THE DEPARTMENT.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GILL, PHYLLIS A

SIGNATURE

DATE COMPLETED

TIME

30-JAN-2012 00:52:46

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1